CERTIFICATE OF TR Applicant(s): Prathima Agra		SIMILE (37 CFR 1.8)		Docket No. APP 1299
Application No. 09/975,890	Filing Date Examiner 10/12/2001 PARK, Jung H.			Group Art Unit 2661
Invention: Network-Layer a	nd Link-Layer Use of Shado	w Addresses with IP-Based Ba	ise Stat	ions RECEIVE. CENTRAL FAX CENTER
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on October 6, 200	5			
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AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Prathima Agrawal et al Docket No. APP 1299								
Application No. 09/975,890	Filing Date 10/12/2001	Examiner Customer No. PARK, Jung H. 09941		5.	Group Art Unit 2661	Confirmation No. 9688		
Invention: Netw	ork-Layer and Link-La	ayer Use of Shadow Add	resses w	rith IP-Based	Ba	se Stations		
		COMMISSIONER FO n the above-identified a mitted as shown below	pplication					
	CLAIMS AS AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR		ER EXTRA PRESENT		RATE	ADDITIONAL FEE	
TOTAL CLAIMS	10 -	22 =		0 >	(\$50.00	\$0.00	
INDEP. CLAIMS	3 -	6 =		0 >	(\$200.00	\$0.00	
Multiple Dependen	t Claims (check if app	icable)					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00								
No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
James W. Falk (Reg. No. 16154) Telcordia Technologies, Inc. One Telcordia Drive 5G116 Piscataway, NJ 08854-4157 Telephone (732) 699-4465 Dated: October 6, 2005 I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on (Date)								
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Fees pursuant to the Consoli			Application Number	09/975,890	REC	FIVED
FEE TRA	ANSI	WILLAL	Filing Date	10/12/2001	CENTRAL	HAX CENT
for F	Y 200)5	First Named Inventor	Prathima Agrawa	007.4	1
			Examiner Name	PARK, Jung H.	UCT	6 2005
Applicant claims sma	ill entity status	3. See 37 CFR 1.27	Art Unit	2661		1
TOTAL AMOUNT OF	PAYMENT	(\$) \$130.00	Attorney Docket No.	APP 1299		7
METHOD OF PAYME	NT (check all	that apoly)				7
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☐ Check ☐ Cred	it Card	Money Order L No	one LOther (plea	se identify):		
Deposit De	posit Account	Number: 02182	2 Deposit Acco	unt Name:	ordia Technologies	1
For the above-identific	d deposit accour	nt, the Director is hereby a	uthorized to: (check all that	apply)		
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fee(s)	under 37 CFR 1	.16 and 1.17		verpriyments		
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FEE CALCULATION						1
1. BASIC FILING, SEA						1
	FILING F	FEES SEAL Small Entity	RCH FEES Small Entity	EXAMINATION FEI		1
Application Type	Fee (\$)	Fee (\$) Fee (Small Ent Fee (\$) Fee (\$)	riv <u>Fees Paid(\$)</u>	1
Utility	300	150 500		200 100		1
Design	200	100 100	50	130 65		Į.
Plant	200	100 300		160 80		
Reissue	300	150 500	250	600 300		
Provisional	200	100 0	0	0 0		ı
		-	_	•		
2. EXCESS CLAIM FEE Fee Description	13			Fee	Small Entity Eas (\$)	
Each claim over 20 (incl	ludina Raissus	ae)		50	<u>(\$)</u> <u>Fee (\$)</u> 25	
Each independent claim	_	*		200	100	
Multiple dependent claim				380	180	
,				Multi	ple Dependent Claims	
Total Claims	Extra Claim	15 Fee (\$)	Fee Paid (\$)	Fee	\$) Fee Paid (\$)	
20 or HP		x\$50.00	= <u>50.00</u>			
HP = nighest number of total						
Indep. Claims - 3 or HP	Extra Claim = 0		Fee Paid (\$) = \$0.00			
HP = nignest number of inde		seid for if greater than 3	~ <u>30.80</u>			
3. APPLICATION SIZE		bene ioi! II dicate: greu o:				
If the specification and d	rawinos excee	d 100 sheets of paper	(excluding electronically	filed sequence or c	omputer listing under	
37 CFR 1.52(e)), the app See 35 U.S.C. 41(a)(1)(0	lication size for	ee due is \$250 (\$125 fo	or small entity) for each	additional 50 sheets	or traction thereot.	
Total Sheets	Extra She	* *	each additional 50 or frac	tion thereof Fe	e (\$) Fee Paid (\$)	
- 100		/50	(round up to a w		0.00 = \$0.00	
4. OTHER FEE(S)	•				Foe Paid (\$)	1
Non-English specification	n. \$130 fee	(no small entity discou	nt)			1
Other (e.g. late filing sure					\$130.00	1
SUBMITTED BY		1				<u> </u>
Signature	Mat	de	Registration No. (Attorney/Agent)	5154 Telephon	e (732) 699-4465	
Name (Print/Type)	(' —	James W. Fa	ılk	Date	October 6, 2005	/
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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPYO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form endor suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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